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What Is Medicine (Organized Medicine) Really All About?

COUNTY AND STATE MEDICAL ASSOCIATIONS and the American Medical Association itself—organized medicine—have accepted the responsibility to serve as the overall professional organizations to promote the interests of all physicians and to contribute professional expertise to the health care needs of society as a whole. In these times this is not an easy role. Democratically structured as they are, these organizations respond to their members, especially to the squeaky wheels among them, many of whom are understandably concerned about their turf in practice, about malpractice and its costs and about their sometimes too evidently receding incomes. These medical associations also try to respond to the third party interventions into medical practice and patient care that affect all who practice medicine, and try to protect the authority of physicians to carry out their professional and legal responsibilities. Then there are the social, economic and political forces that impinge in many ways upon medical practice and the professional interactions that take place between doctors and their patients. These forces are powerful, and too often seem relatively insensitive to the particular needs of individual patients, not to mention physicians. And now, most recently, organized medicine has formally assumed a responsibility of advocacy for patients in all of the social, economic and political arenas of health care. This, of course, is simply an extension of a physician's traditional interest in what is best for his or her patient.

The going has not been easy for organized medicine. Some of the reasons may be worth noting. Physicians are no longer the powerful force in society they once were. Their opinions and recommendations no longer go almost unchallenged. Organized medicine is only one voice among many in today's society. In the economic sphere the dollars that physicians can command are no match for the dollars that are or can

be controlled by others in health care. Their political action committee (PAC) dollars, however, have been remarkably well used to assure that legislators at least listen to physicians' views. But at the ballot box their votes hardly count at all, and this is not lost sight of by politicians. The battle for influence in these arenas has been an uphill one because the basic power to assure success is really not there. Viewed in this way, the social, economic and political accomplishments of organized medicine have been very considerable indeed.

But are these accomplishments—remarkable as they are—really enough, or all that they could or should be? If it is true that the profession's social, economic and political battles are being fought by organized medicine from positions of relative weakness, then is there any way this might be changed and some greater influence of the medical profession brought to bear? When one thinks about it, a unique and very considerable strength lies in its unquestioned expertise in the art and science of medicine. Organized medicine has yet to make this fully its own, and has yet to find ways to use the full power of this inherent expertise in the profession's forays into the social, economic and political areas of health care. A second unique and potentially equally powerful strength for organized medicine is the role of patient advocacy recently espoused by most of its organizations. New skills and new techniques will need to be developed for both of these strengths to be used with full effectiveness in the societal arenas of health care. It is also worth noting that both medical expertise and patient advocacy can be readily supported by all physicians whether in or still outside organized medicine. This is part and parcel of daily patient care. The public also respects the expertise of the medical profession in the art and science of medicine, and everyone, of course, expects physicians will act in the best interests of patients. It would seem both natural and logical if the profession as a whole, represented by organized medicine, were to begin now to make greater use of these powers inherent in the profession in the public arenas of health care, where it is now spending so much of its energy and resources in what has been such an uphill battle. And, after all, is this not what medicine (organized medicine) is really all about?

Some may ask more specifically for an example of how this might work in practice. One possibility might be that if organized medicine were to take the lead in weeding out unneeded, outmoded, ineffective and potentially harmful (as well as costly) procedures and treatments in health care, it would be bringing the strengths of its professional expertise and its patient advocacy to bear, and it would improve the quality of care and also reap social, economic and political benefits for the profession in these more public arenas of health care. And it should also be well received by both patients and the public. This is just one example. There is a world of opportunity.

MSMW

Imaging Modalities for Lymph Nodes

THE RADIOLOGIC EVALUATION of lymph node disease has undergone drastic changes in the past three decades. Since its inception in the 1960s, bipedal lymphangiography has always assumed a primary role in the staging of a variety of abdominal and pelvic neoplasms. Although invasive and somewhat uncomfortable to patients, the major advantage of